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American Medical Association

Medical inspection of schools...

Chicago

[1914?]

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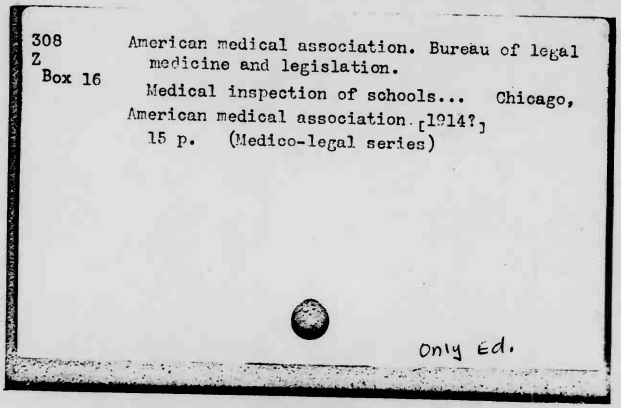
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MEDICAL INSPECTION OF SCHOOLS

PREPARED BY THE MEDICO - LEGAL BUREAU OF THE AMERICAN MEDICAL ASSOCIATION

MEDICO-LEGAL SERIES

Issued by the Council on Health and Public Instruction of the American Medical Association

"In the health of the people lies the wealth of the nation."
—Gladstone.

AMERICAN MEDICAL ASSOCIATION
FIVE HUNDRED AND THIRTY-FIVE NORTH DEARBORN STREET
CHICAGO

Conservation of Vision Pamphlets

The following pamphlets, prepared by the Committee on Conservation of Vision and issued by the Council on Health and Public Instruction, form a series of popular articles on the care and preservation of good eyesight.

PAMPHLET I.—Schoolchildren's Eyes, by Dr. Frank Allport, Chicago.
PAMPHLET II.—Industrial and Household Accidents to the Eye, by Dr. Harold Gifford, Omaha.
PAMPHLET III.—Wearing Glasses, by Dr. W. B. Lancaster, Boston.
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535 North Dearborn Street, - - Chicago, Illinois

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16 Nov. 1915 MS

MEDICAL INSPECTION OF SCHOOLS

From the Connecticut enactment of 1899, simply requiring the examination of eyes of schoolchildren under the supervision of the state board of education, the laws now in force, authorizing the medical inspection of schoolchildren have moved apace. And from a mere theory of doubtful utility, the idea of a physical or mental examination, or both, of all schoolchildren has developed into a fixed principle of medical economics and preventive hygiene.

A number of states have either legislated or authorized the health boards to promulgate rules on this subject. Thus Massachusetts, 1906, Colorado, New Jersey and Maine, 1909, Pennsylvania, Rhode Island, Utah and West Virginia, 1911, and North Carolina, 1913, passed mandatory statutes; while Connecticut, 1907, California and Washington, 1909, Ohio, New York (amended 1913), Vermont and Virginia, 1910, Indiana and North Dakota, 1911, and New Hampshire, 1913, passed permissive laws; and the District of Columbia, 1907, Minnesota, 1910, Louisiana, 1911, Washington, 1912, and South Dakota and Wisconsin, 1913, established inspection of schoolchildren by means of board of health rulings.

The Massachusetts law of 1906, making general medical inspection mandatory in all cities and towns, was entitled, "School Committees shall appoint School Physicians, except in certain cities, in which the Board of Health shall appoint." It required that physicians be appointed by the school committee of every city and town forthwith, and that examination be duly made of the schoolchildren, teachers, janitors and the school buildings. But by this statute it was left more or less to the physicians appointed to determine as to the minutiae to be followed in the procedure, thereby allowing for changing conditions, and thus making for greater elasticity and less rigidity in the statute than would be the case in a law where

an attempt is made to foresee and to provide for every possible contingency.

The idea of simplicity seems to have been adhered to by Virginia, where, in 1908, a statute for somewhat similar purposes was enacted. In this law, however, it is specified that the state superintendent, by and with the advice of the state board of health, should prepare certain test cards, blanks and records by means of which, on the application of the local school boards, the principal or teachers in the various schools may test the students as to their sight and hearing alone. It further provides that if a child be examined and found defective, its parents shall be notified of the result of the examination forthwith. The law is thus to be distinguished from the Massachusetts measure, in that the school and board of health authorities are to work together; while in Massachusetts it would seem that the school and health authorities are vested, respectively, with separate and distinct jurisdiction, according to the city or town in which the law is being applied. As a matter of policy, possibly the Virginia statute may recommend itself as preferable to most jurisdictions as the Massachusetts law is an essentially local measure. It is evidently essential that the board of health be given some jurisdiction, but that it have immediate supervision of the children, may not perhaps be so essential, it being sufficient to vest the board with authority as a quasi-court of last resort, or something of that nature. To this extent, then, the Virginia law is to be given due consideration.

In 1909, Maine and New Jersey each passed an act bearing on the medical inspection of schools. Both made it mandatory that school physicians be appointed by the school committee or the board of education of every city and town in each state. To this extent the measures are similar to the Massachusetts provision. Both the Maine and New Jersey laws go into greater detail, this being more particularly true of Maine. And to the extent that these laws are detailed, they are perhaps objectionable. Laws of this nature should not attempt to feature the most advanced ideas of science in providing for the physical and medical examination of schoolchildren, but should simply provide for carrying out the system with some means

of protection against unwarranted and unreasonable exercise of discretionary authority.

The Ohio statute of 1910 is a fairly good example of simplicity in such measures. It provides only that there may be medical inspection of city schools and of the children, under a physician appointed by a board of education in any city school district. It is further permitted under the statute that the board may allow the parents or guardian of a child to select their own physician to act in lieu of the regular appointee. This would seem to be a commendable feature, since one of the usual objections raised to these measures is that such laws are initiated for selfish reasons and not for the purpose of providing for the public health, safety, and welfare. It will thus be seen that allowing parents to select their own physicians under certain conditions, will go a long way toward obviating the grounds for this argument. But to make the law effective it must be seen to that the children are properly cared for even if a sanction be adopted therefor.

The Vermont statute of the same year, taking the place of the earlier law of 1904, says that the school directors may appoint a physician, provided, however, the legal voters of any particular district so express their desire. And further, such physicians may examine the children of any private school on the request of the principal thereof or when there has been exposure to some contagious disease. All such appointees are to be subject to the rules and regulations of the state board of health. This law also is a good example of meeting at the same time both the objections of those opposed to medical inspection of schoolchildren and the actual needs of such a measure. The objectionable feature, perhaps, is that it is a conditional measure, i. e., a referendum is required in any particular district before the law can go into force therein. This is, of course, the local government idea in operation, and is perhaps the best that can be done in some states. Very likely this idea could be carried out in but few other jurisdictions; nor, indeed, would it be essential that the attempt be made to do so. The point of this law which is to be particularly noted is that the school board or some other such body, independently of the board of health, is to appoint a physician

and have immediate supervision of the work, subject, however, to the rules and regulations of the state board of health.

In 1911 several states enacted medical school inspection laws and among these were Utah, Indiana, West Virginia, Pennsylvania and one or two other states, while Louisiana, by board of health ruling, provided for its schoolchildren on a somewhat similar basis. The Utah statute makes it mandatory that either the teacher or a regularly licensed physician make such tests as to sight and hearing and the like as would be in conformity with the rules and regulations of the state board of health. The board is to furnish the rules and test cards and the like for this purpose. It is further mandatory on the several boards of education that these provisions be carried out either by requiring that the teachers make the proper examination or by duly appointing a physician, in pursuance with the statute.

The West Virginia measure is a combination of a mandatory and permissive law. It provides that the board of education of each independent school district shall, and that other boards of education may, appoint physicians of each school district as inspectors of the schools. Under this law inspectors are vested with four principal duties: To test each pupil in his school once during each school year to ascertain if the pupil is suffering from any defect or disability that would prevent the pupil receiving full benefit of the school work; to examine any pupil at the request of the superintendent of the school who is suspected of being infected with a communicable disease, and if found infected, to exclude such pupil from school; to examine each pupil who has been absent from school for five consecutive days because infected with a communicable disease, unless such pupil presents to the superintendent of his school a statement to the effect that both the pupil and his home are free from contagion; and finally on the request of the board of education to advise and assist in matters appertaining to lighting, heating and ventilation of the school building. The inspector is to keep proper records and to notify the parents or guardians as to the condition of their children whenever necessary. The objection to this measure is that the board of health is not given quite sufficient authority. Health

matters constitute a subject distinctively belonging within the realm of the board of health. Could the fact be generally recognized that boards of health are acting from no other motives than the best interests of the public health, matters would be greatly simplified. Could it be shown that the health of schoolchildren is not a matter for action by boards of education, at least unless supervised by the board of health, greater economies might be effected. It then would be possible simply to give inspection of schoolchildren over to the boards of health to the dual ends of economy and efficiency. In the attempts to meet the objections of certain public bodies and the like, economy and efficiency are often lost sight of.

The Pennsylvania statute of the same year provides that each school district of the second or third class shall provide annually medical inspection of all the pupils of its schools. These inspectors are to be appointed by the board of school directors for each specific district. The application of this law in districts of the third class is, however, left to a vote of the board of school directors for such district. Another distinction is made in districts of the first class, wherein the department of health shall provide for medical inspection of schools. Under this law such inspection is to continue at the expense of the school district. In the districts of the fourth class, the inspectors are to be appointed by the department of health, and are to act subject to the said department and at its expense. The law further provides that if any school district which is required to appoint inspectors should fail to do so, then the department of health is to appoint such inspectors. The law also says that such medical inspections shall be made in the presence of the parents or guardian of the pupil when so requested by the parent or guardian. Here again we have an attempt to meet the arguments of those who are fearful lest individual liberties be unduly contravened. It would seem that the measure is admirable and quite adaptable in most jurisdictions. Inspectors are to keep records of their results and report the same in writing to the proper authorities, i. e., to the school authorities and to the parents. Inspections and investigations are to be made as to the sanitation of buildings, and further reports are to

be made to the commissioner of health as he requests, thus giving the health department supervision of this phase of health work. Teachers and pupils infected with tuberculosis are to be excluded from schools and any pupil prevented from attending school is relieved from complying with the compulsory attendance law. This measure is in many ways quite well developed, in that it leaves the appointment of the inspectors to the school authorities, but makes them more or less subject to the department of health. It might seem, perhaps, that this feature of health work should, as far as expenses are concerned, be a part of the department of health. This idea can be carried out in those jurisdictions where there are what is termed full-time health officers. Such inspectors can divide the labors of inspecting schoolchildren with their other health duties, thereby increasing their efficiency and reducing expenses. A good example of this can be seen under the North Carolina law. During the recent legislative session of 1913-14, Pennsylvania appropriated $48,000 for inspection work, which would seem indicative of the importance and necessity of this branch of the health service.

The Indiana law of 1911 was a permissive measure, leaving it to the school or township trustees to carry out the plan by the appointment of inspectors. Under this law inspectors are to examine particularly as to sight and hearing, but they can likewise take into account other defects and disabilities. No physician is to have charge of more than two thousand children. In this respect, the law is somewhat analogous to the Maine statute. Defective children are to be referred to their parents for care by the family physician, excepting in cases of extreme poverty, when the school trustees will provide the necessary relief. All inspections are to be made in conformity with the joint rules and regulations of the boards of education and health. Children who have been examined by a reputable physician may be exempted from the provisions of this law, if the physician inspecting them certifies that he has done so. The law provides a penalty for any violation thereof which is in the nature of a fine varying from $10 to $50. Herein the measure is similar to the New Jersey statute, which says that parents or guardians failing to comply with the law are to be punished as disorderly persons. This

addition of a sanction to such laws would seem a very essential feature for many jurisdictions, especially when there is a large foreign population. The disabilities of the law need not be invoked in all cases, but at times such a provision is a decided convenience.

The New Hampshire law of 1913 is one of the most recent examples of these measures. It is similar to the Vermont law, in that it applies only on an affirmative vote of the city, union, special or town school district, wherein it has been proposed. As has been said, such a provision is perhaps advisable in some of the states. However, the enactment of conditional laws should not generally be advised, but nevertheless this point must be left to the discretion of the legislature. Thus inasmuch as this law is conditional, it is objectionable for many states, yet whenever conditions are similar to those of Vermont and New Hampshire perhaps it would not be objectionable to adopt similar provisions. Inspectors are to be appointed by the school board and are to examine at least once a year pupils, teachers, janitors and other employees and also the school buildings and surroundings, as the protection of the health of the schoolchildren may require. Any pupil suffering from ill health or the like is to be referred by the teacher to the parent or guardian, to be cared for by the family physician, and if the child be not so cared for by its parents, the school physician is then authorized to take any necessary action. Children suffering from communicable diseases are to be excluded from school at the discretion of the inspectors. Pupils are to be particularly examined with regard to sight, hearing and other defects which are liable to prevent their receiving the full benefit of their school work. These tests are to be made by the school teacher under the direction of the school physician. The state board of health is to prescribe the directions for diseases of sight and hearing, and the superintendent of public instruction is to cooperate with the board of health in promulgating such other rules and regulations as may be necessary. Parents or guardians may object in writing to the teacher to the examination of his or their child or ward and such pupil shall thereafter be exempted from any examination, excepting for contagious diseases. This law is an evident and fairly successful attempt to secure the cooperation of

parents, school and health officers, and for this reason is an especially good model. It may, however, be criticized in that a loophole is left through the exceptions as regards parents and the like. Exceptions of this nature, if pushed to extremes, may render these measures nugatory. Reference is had herein more particularly to that clause of the New Hampshire law permitting parents to protest against the examination of their children and thereby securing immunity from such examinations. Another objectionable feature perhaps is leaving the testing of sight and hearing to the teacher as is done in some other jurisdictions, even though this be under the direction of the school physician, unless, of course, such examinations are not expected to be anything more than cursory, in which case, on a proper reference, a more detailed and careful examination may be had. The basis for all these laws is of course primarily a securing of the child against infection from communicable diseases and secondarily to detect and remedy such defects as may be a hindrance to the children in their school work. For these purposes, as has been said, generalities are preferable to too great detail. This must always be borne in mind.

The New York law for 1913, which is amendatory of the 1910 law, vested jurisdiction principally in the department of education so far as the enforcement of the law is concerned, but this department is to advise with the department of health. Under this measure all children must present at the beginning of each year a certificate of health from their family physician, showing them to be free from communicable diseases and physically fit to do school work. Should a child fail to so present this certificate, he is to be referred to the school inspector by the principal or teacher in charge of the specific school. The said inspector is then to examine and test each child so reported and notify the parents as to the physical condition of the child. If the parents are unable or unwilling to furnish medical attention, relief is to be accorded the child by the inspector. This provision is objectionable, in that an unnecessary burden of expense is thrown on the state. The law provides that "if parents are unwilling" their children are to be attended to by the inspector. Why should the state be burdened with this expense in cases where

parents are financially able to give their child proper attention? Would it not seem better to adopt a provision similar to either the New Jersey or the Indiana law, and require such parents to attend to their child? This clause is not objectionable because of its paternalistic character, but rather because it is bad economics. The burden should be placed where it may best be borne. There are enough parents who are actually unable to meet the expense of affording proper medical treatment for their children and who therefore really need the relief of the state, without so diverting the public funds to the support of people who are indifferent to the needs of their children. Then, too, such a provision renders the law to all practical purposes a dead letter. Where inefficiency ends, favor will begin. It will simply mean that a few conscientious parents will have their children properly inspected; some children will have no inspection at all, but these will be cared for to a certain extent by the school inspectors; while the great majority of children will be certified in pursuance with the law, but to what end? Such a measure is nugatory. Eye and ear tests are to be made at least annually by principals or teachers pursuant to methods prescribed by the state commissioner of health. The commissioner of health and the commissioner of education are to prescribe other necessary rules and regulations. The commissioner of education is to appoint a state medical inspector of schools for a period of five years, who is to have charge of the immediate enforcement of this law, subject to the supervision of the commissioner of education. Cities of the first class are exempted from this law. It is made the duty of state health officers appointed by the state department of health to inspect the children in such districts or schools in which the authorities have made no other provision for their examination.

For several years, North Carolina has had a provision under their board of health act, specifying the duties of county physicians and health officers, among which is the requirement that these officers shall conduct inspection of schoolchildren. This provision was reenacted in the revision of the North Carolina statute for 1913. Under this law health officers are to examine every schoolchild who has previously been examined by the teacher according

to the methods furnished by the county superintendent of schools and who has been reported as probably defective in the condition of his eyes, ears, nose or throat. The inspector shall further make examination of all schoolchildren whom he suspects of being infected with hookworm disease. He shall notify the parents of such children as may be so infected; or of defects of any nature and shall suggest that the child be given a proper course of treatment. Cooperation with the school authorities is advocated to educate the children in health matters and prevent disease. The officer is to make sanitary examination of the school buildings and grounds during the summer months and no building is to be used thereafter unless it has been certified as being in good sanitary condition. In many ways this measure is admirable, as the school authorities have the immediate supervision of these inspections, but the health authorities are vested with a jurisdiction which is sufficient to take proper care of contagious diseases. And in the long run this is the most important reason for having medical inspection of schoolchildren. As compared with many of the other laws, it would seem this statute is free from unnecessary detail and takes the position of rather pointing out defects and then placing the burden on the parents to give their child proper treatment. This system is preferable, in that there is not any objectionable interference with the individual as is the case with paternalistic measures. It would seem incontrovertible that it is to the benefit of the public at large to have the defects of schoolchildren pointed out. It may also be beneficial to have these defects remedied, but in the light of present-day controversies as regards systems of therapeutics and the like, it is practically impossible to compel a specific treatment. The most that can be done is to point out the defects, call attention of the parents thereto, and then compel them to do something for the child. This would seem to be the idea of the North Carolina and one or two other measures.

As we have seen, there are several states in which medical inspection of schoolchildren is provided for under rules promulgated by the board of health. In many ways this is an ideal system ,as it enables attention to be given to detail without that rigidity which

is always attached to statutory enactments. Then, too, systems may be varied from time to time as need be without having recourse to the legislature, which so often means delay. The objection, of course, is that many believe that this is giving a particular school of medicine a preference. Hence, as a matter of policy, it may be considered advisable to have it provided that the school authorities, or some such body, have the immediate supervision of the inspection work and have them refer such cases as may be necessary to the health authorities. This latter to be provided for either pursuant to statutory enactment or under the immediate direction or rules of the state board of health; the second of course being the better of the two.

The states leaving medical inspection more directly in the hands of the boards of health to be handled under their rulings are Louisiana, South Dakota, Washington and Wisconsin. It is to be noticed that these boards have endeavored to provide for cooperation with the school authorities. The Louisiana law specifies that parish and municipal school boards, together with the parish superintendent of schools, shall generally be responsible for the health of the children. South Dakota provides that the local health boards in every city or village shall require each teacher to report each morning to the head of the school the case of each child belonging to his or her room who shows signs of being ill or suffering from ill health or a communicable disease and the like. The head of the school is then to report such cases to the local health officer for proper examination. The Washington board of health provides that any health officer, on request of the county superintendent of schools or any school principal, shall inspect the school where tuberculosis in a pupil is suspected. He is likewise to inspect the teachers and janitors for similar reasons. Similarly, teachers or janitors infected with communicable diseases are to be likewise reported and inspected by the health officers. Under the Wisconsin rule, teachers and others in authority are not to permit the attendance of pupils infected with communicable diseases and if any such diseases are noticed, a proper and immediate report is to be made to both the parents of the child and the health officer. The health officer is then to make a

proper inspection and take such action as may be necessary. In these rules it would seem that the boards do not attempt to go as far as do the statutes; nor is it advisable that they should. Quite uniformly it would seem the boards have simply attempted to secure the public against communicable diseases and to a certain extent to insure the children against such physical defects as are inherent in schoolchildren and materially decrease their efficiency for school work, and to secure the cooperation of parents in giving the child proper medical attention.

Laws providing for medical inspection of schoolchildren are, similar to medical practice acts, board of health laws and the like, enacted under the police power of the state. And again all such measures are for the purpose of promoting the general health, safety and welfare of the people. Now the objection which is usually taken to these medical inspection laws as well as the others is that they are an unwarranted interference with individual liberty and that they are an attempt to foist on the people so-called state medicine, i. e., the application of the theories of a specific school of medicine. But in so far as being an interference with individual liberty, the argument would hardly hold good as regards medical inspection of schoolchildren. It must be remembered that all people must use their own liberty so as not to injure others. What right has any one to infect others with disease? It is a truism that all people do not live alike; some are careful and some are careless. The latter must be controlled. This is the basis of medical inspection of schoolchildren. Again the law compels attendance at school, hence it must secure these children against the dangers of segregation. And to meet the objection that the law is attempting to force people to use some system of medicine to which they are opposed, it may be provided simply as is done in many jurisdictions, that the children are to be referred to their parents and that they be compelled to furnish treatment for their own children. It may further be provided in some places, especially where there are large cities, that treatment be furnished by the state in cases in which the parents are palpably poverty stricken, and where the parents wilfully neglect to furnish treatment. But in the latter case, it should be seen that some means be provided either

to punish such parents or to enforce payments for these treatments. It may be suggested that this would be taking property without due process of law. But if it be provided, as is done in several of these laws, that parents be duly notified and advised to give proper treatment, then the burden would fall on the parents to do so, in order to protect the children of others. Then on a failure of parents to act, or in a case of difference of opinion as to the necessity of such treatment, provision can be had for a proper disposition of the case and there could be no just ground for complaint. If there be an honest difference of opinion, perhaps a certificate from the family physician that he has examined the case and advised therein may be sufficient. In other cases the law should be enforced and treatment of some nature to protect other children compelled.

In conclusion it may be said that it should be remembered that the simpler these laws are made, the better; e. g., the law in the District of Columbia simply appropriates a certain sum to pay the medical examiners for medical inspection of schoolchildren. The law then provides that the inspectors be appointed by the commissioners, but only after a thorough competitive examination, leaving all details as to methods and scope of the work to be determined by the health officer, the board of education and the commissioners. It probably would not be possible to regulate school inspection elsewhere in so simple a manner. But the theory at least may be taken under advisement and adopted as far as possible, always remembering that the simpler and more elastic such laws can be made the better they will probably meet the developing needs of the future.

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